

CASE REPORT

difficult, but has important implications for management. Both lung scan and angiographic features are nonspecific, and a lung biopsy is required to establish the diagnosis firmly. In patients with treatable neoplasms who present with acute cor pulmonale, diffuse tumor microembolism should be considered, however, because appropriate management includes withholding anticoagulants and correction of hypoxia and acidosis to reduce pulmonary hypertension until treatment of the underlying neoplasm is effective.

Summary

Within 72 hours a rapidly progressive dyspnea and right ventricular failure developed in a previously asymptomatic woman with adenocarcinoma. At autopsy, extensive tumor occlusion of the pulmonary microvasculature was found without macroscopic vessel involvement. In susceptible patients, tumor microembolism is a potentially treatable cause of acute cor pulmonale and may closely mimic massive thrombotic embolism.

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